


¹ Applicant is to place a check mark here if English language Translation is attached.

Substitute for form 1449B/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Application Number	
				Filing Date	
				First Named Inventor	Robert K. Wagstaff
				Group Art Unit	Unknown
				Examiner Name	Unknown
				Attorney Docket Number	03756.001 (5073P)
Sheet	2	of	2	1c503 U.S. PTO 10/027480  12/21/01	

[illegible]

Examiner Signature		Date Considered	
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* **Examiner:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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